

Book

STATE OF NEW HAMPSHIRE
OFFICE OF THE ADJUTANT GENERAL
STATE MILITARY RESERVATION
CONCORD, NEW HAMPSHIRE 03301-5353

..HAG-SPMO

10 January 1991

NEW HAMPSHIRE NATIONAL GUARD
TECHNICIAN PERSONNEL REGULATION
NUMBER 293-2

PERSONNEL RECORDS AND FILES

REQUEST FOR PERSONNEL ACTION - SF 52-B

1. REFERENCES:

- a. Chapter 296, Subchapter 2, Federal Personnel Manual.
- b. Subchapter 3, FPM Supplement 296-33.
- c. National Guard Bureau - Technician Personnel Regulation 296-33.

2. PURPOSE: The purpose of this regulation is to establish procedures for the initiation of SF 52-B, Request for Personnel Action.

3. RESPONSIBILITY: Responsibility for the initiation of SF 52-B lies with the Supervisors/Managers. Completion and processing of SF 52-B is the responsibility of the Support Personnel Management Office (SPMO).

GENERAL: The SF 52-B is used by an office or a supervisor to request a personnel action such as fill position, appointments, conversions, extensions, promotions, reassignments, change to lower grade, position changes, details, placement in non-pay status, return to duty, and many other personnel actions as defined in FPM Supplement 296-33. The Support Personnel Management Office uses the form to record staffing, classification, and other personnel determinations, and then uses the information on the form to prepare the SF 50.

5. PREPARATION OF THE FORM: Army National Guard requesting offices will prepare and forward the form directly to the Support Personnel Management Office so as to arrive in two copies (original and one copy). Air National Guard requesting offices will prepare and forward the form to the Support Personnel Management Office "THROUGH" the ANG Comptroller in three copies (original and two copies). The requesting office will complete the form as follows:

PART A - ITEM 1 Enter Fill Position, Promotion, Reassignment, etc.

ITEM 2 Leave Blank (for SPMO use).

ITEM 3 Self-explanatory.

ITEM 4 Self-explanatory.

ITEM 5 Self-explanatory. (Usually the immediate supervisor).

ITEM 6 Requesting official's supervisor.

Supersedes NHNG TPR NUMBER 293-2 dated 1 Sep 87.

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PART B - Complete only items 1, (7, 8, 9, 10 and 14 when necessary) 15, 16, 17, 18 and 22. (For Air National Guard only: enter Functional Code in item 15). Supervisors/Managers select appropriate Position Sensitivity Code from Table 293-2 and enter in Block 40 under AGENCY DATA.

TABLE 293-2 POSITION SENSITIVITY CODES

<u>Air National Guard</u>	<u>Block 40 should read</u>
Nonsensitive	NonSens
Noncritical Sensitive (Secret or Confidential Access)	Non-Critsens
Critical Sensitive (Top Secret Access)	Crit-Sens
<u>Army National Guard</u>	<u>Block 40 should read</u>
Nonsensitive	3
Noncritical Sensitive (Secret or Confidential Access)	2
Critical Sensitive (Top Secret Access)	1

PART C - Leave blank (for SPMO use).

PART D - Enter any special instructions or requests desired by the requesting office. If the action is to fill a vacated position indicate the name of the previous incumbent. Requests for temporary employment require the following actions on SF 52-B.


- (1) Reason for temporary hire, i.e., (backlog, special project, etc.).
- (2) Length performance is required i.e., normally NOT TO EXCEED 1 YEAR (NTE ONE YEAR). Additional time may be requested through SPMO.

PART E - Items 1 through 5 to be completed by employee for Resignation or Retirement.

PART F - Leave blank (for SPMO use).

6. IMPLEMENTATION SCHEDULE: Beginning 1-30-91, the new SF 52-B Rev 4/87 MUST be used to request ALL personnel actions. All SF 52-B's received after this date without position sensitivity in Block 40 will be returned to the sender.

Encl
SF 52-B Rev 4/87


LLOYD M. PRICE
MG, AG, NHNG
The Adjutant General

REQUEST FOR PERSONNEL ACTION

PART A—Requesting Office (Also complete Part B Items 1, 7, 22, 32, 33, 36 and 39.)

Requested

2. Request Number

3. Additional Information Call (Name and Telephone Number)

4. Proposed Effective Date

5. Action Requested By (Typed Name, Title, Signature, and Request Date)

6. Action Authorized By (Typed Name, Title, Signature, and Concurrence Date)

PART B—For Preparation of SF 50

(Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)

2. Social Security Number

3. Date of Birth

4. Effective Date

First Action

Second Action

5-A. Code 5-B. Nature of Action

6-A. Code 6-B. Nature of Action

5-C. Code 5-D. Legal Authority

6-C. Code 6-D. Legal Authority

5-E. Code 5-F. Legal Authority

6-E. Code 6-F. Legal Authority

7. FROM: Position Title and Number

15. TO: Position Title and Number

8. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Salary 13. Pay Basis

16. Pay Plan 17. Occ. Code 18. Grade or Level 19. Step or Rate 20. Salary/Award 21. Pay Basis

14. Name and Location of Position's Organization

22. Name and Location of Position's Organization

OTHER POSITION SENSITIVITY CODE
HERE

Employee Data

23. Veterans Preference

1—None 3—10 Pt. Disab. 5—10 Pt. Other
2—5 Pt. 4—10 Pt. Comp. 6—10 Pt./30% Comp.

24. Tenure

0—None 2—Conditional
1—Permanent 3—Indefinite

25. Agency Use

26. Veterans Preference for RIF
YES NO

27. FEGLI

28. Annuitant Indicator

1—Reempl Ann CS 3—REIM 5—REIM & CS
2—RETO 4—RETO & CS 9—Not Applicable

29. Pay Rate Determinant

30. Retirement Plan

31. Service Comp. Date (Leave)

32. Work Schedule

I—Intermittent J—INT Seasonal
F—Full-time G—FT Seasonal H—FI On Call
P—Part-time O—PT Seasonal R—PI On Call

33. Part-Time Hours

Per Biweekly Pay Period

Position Data

34. Position Occupied

1—Disruptive Service 3—SES General
2—Accepted Service 4—SES Career Reserved

35. FLSA Category

E—Exempt
N—Nonexempt

36. Appropriation Code

37. Bargaining Unit Status

38. Duty Station Code

39. Duty Station (City—County—State or Overseas Location)

40. Agency Data

41.

42.

43.

44.

45. Educational Level

46. Year Degree Attained

47. Academic Discipline

48. Functional Class

49. Citizenship

1—USA 8—Other

50. Vietnam Era Vet

V—Yes N—No

51. Supervisory Status

PART C—Reviews and Approval

(Not to be used by requesting office)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature

Approval Date